

FLOW CHART FOR SARS SURVEILLANCE
May 1, 2003

Situation	If...	LHD response	Advice	UDOH notification
SARS case ¹		Daily ⁷ active surveillance ³ during and 10 days after symptom resolution	Isolate from work/school/household contacts until 10 days following resolution of symptoms ⁸	M-F email update to epi@utah.gov , case number (or prelim local NETSS ID#), date, health status, contact made, location of patient, adherence to isolation recommendations
Health Care Worker ² with definite exposure ⁶ to SARS case	If no symptoms develop	Daily active surveillance by ICP/LHD for 10 days after exposure	No restrictions on work/school/household, Advise about symptoms, Inform about daily active surveillance	Report to epi@utah.gov at completion of 10 day period
	If EITHER fever ⁵ OR respiratory symptoms develop	Consult with ICP and UDOH Daily active surveillance for 72 hours or until resolved. ⁹	Strong recommendation to isolate from work/school/household contacts ¹⁰	Report to epi@utah.gov upon occurrence, conclusion, or development of additional symptoms
	If both fever and respiratory symptoms develop – move to SARS case			

Non-Health Care Worker with definite exposure ⁶ to SARS case	If no symptoms develop	Passive surveillance ⁴ for 10 days after exposure. Recommend one active follow up notification at the end of the 10-day period.	No restrictions on work/school/household, Advise about symptoms, ask them to report if any symptoms occur	Report to epi@utah.gov upon occurrence, conclusion, or development of additional symptoms. The reports can be done for a group.
	If EITHER fever OR respiratory symptoms develop	Daily active surveillance for 72 hours or until resolved. ⁹	Recommend isolation from work/school/household contacts ¹⁰	Report to epi@utah.gov upon occurrence or development of additional symptoms, or at end of surveillance period.
	If both fever and respiratory symptoms develop – move to SARS suspect case			
People returning from an affected country		No surveillance	No restrictions on work/school/household	
	If LHD or UDOH notified of illness by patient or physician – one symptom – doesn't meet case definition	LHD preliminary investigation of possible case – passive surveillance for 3-5 days, Recommend one active follow up notification at the end of the 5 day period.	Recommend isolation from work/school/household contacts	Report to epi@utah.gov upon occurrence, conclusion, or development of additional symptoms
	If both fever and respiratory symptoms develop – move to SARS suspect case			

¹ **Clinical Criteria**

- . Asymptomatic or mild respiratory illness
- . Moderate respiratory illness
- . Temperature of >100.4° F (>38° C)*, and
- . One or more clinical findings of respiratory illness (e.g., cough, shortness of breath, difficulty breathing, or hypoxia).
- . Severe respiratory illness
- . Temperature of >100.4° F (>38° C)*, and
- . One or more clinical findings of respiratory illness (e.g., cough, shortness of breath, difficulty breathing, or hypoxia), and
- . radiographic evidence of pneumonia, or
- . respiratory distress syndrome, or
- . autopsy findings consistent with pneumonia or respiratory distress syndrome without an identifiable cause

Epidemiologic Criteria

- . Travel (including transit in an airport) within 10 days of onset of symptoms to an area with current or recently documented or suspected community transmission of SARS., or
- . Close contact§ within 10 days of onset of symptoms with a person known or suspected to have SARS infection

Laboratory Criteria¶

- . Confirmed
- . Detection of antibody to SARS-CoV in specimens obtained during acute illness or >21 days after illness onset, or
- . Detection of SARS-CoV RNA by RT-PCR confirmed by a second PCR assay, by using a second aliquot of the specimen and a different set of PCR primers, or
- . Isolation of SARS-CoV
- . Negative
- . Absence of antibody to SARS-CoV in convalescent serum obtained >21 days after symptom onset
- . Undetermined: laboratory testing either not performed or incomplete

Case Classification**

- . Probable case: meets the clinical criteria for severe respiratory illness of unknown etiology with onset since February 1, 2003, and epidemiologic criteria; laboratory criteria confirmed, negative, or undetermined
- . Suspect case: meets the clinical criteria for moderate respiratory illness of unknown etiology with onset since February 1, 2003, and epidemiologic criteria; laboratory criteria confirmed, negative, or undetermined

* A measured documented temperature of $>100.4^{\circ}\text{F}$ ($>38^{\circ}\text{C}$) is preferred. However, clinical judgment should be used when evaluating patients for whom a measured temperature of $>100.4^{\circ}\text{F}$ ($>38^{\circ}\text{C}$) has not been documented. Factors that might be considered include patient self-report of fever, use of antipyretics, presence of immunocompromising conditions or therapies, lack of access to health care, or inability to obtain a measured temperature. Reporting authorities might consider these factors when classifying patients who do not strictly meet the clinical criteria for this case definition.

. Areas with current documented or suspected community transmission of SARS include mainland China and Hong Kong Special Administrative Region, People's Republic of China; Singapore; Taiwan; and Toronto, Canada. Hanoi, Vietnam is an area with recently documented or suspected community transmission of SARS.

§ Close contact is defined as having cared for or lived with a person known to have SARS or having a high likelihood of direct contact with respiratory secretions and/or body fluids of a patient known to have SARS. Examples of close contact include kissing or embracing, sharing eating or drinking utensils, close conversation (<3 feet), physical examination, and any other direct physical contact between persons. Close contact does not include activities such as walking by a person or sitting across a waiting room or office for a brief period of time.

¶ Assays for the laboratory diagnosis of SARS-CoV infection include enzyme-linked immunosorbent assay, indirect fluorescent-antibody assay, and reverse transcription polymerase chain reaction (RT-PCR) assays of appropriately collected clinical specimens (Source: CDC. Guidelines for collection of specimens from potential cases of SARS. Available at http://www.cdc.gov/ncidod/sars/specimen_collection_sars2.htm). Absence of SARS-CoV antibody from serum obtained <21 days after illness onset, a negative PCR test, or a negative viral culture does not exclude coronavirus infection and is not considered a definitive laboratory result. In these instances, a convalescent serum specimen obtained >21 days after illness is needed to determine infection with SARS-CoV. All SARS diagnostic assays are under evaluation.

** Asymptomatic SARS-CoV infection or clinical manifestations other than respiratory illness might be identified as more is learned about SARS-CoV infection.

² Health care worker that had direct exposure to a suspect SARS case and did not use adequate respiratory protection (ie N95 or P100 mask), or had mucous membrane exposure to body fluids.

³ Daily contact with person

⁴ Advise person to self-monitor for fever, respiratory symptoms, and notify public health for either

⁵ Fever must be measured with a thermometer

⁶ Definite exposure includes household contact, a health care worker in a room with patient without adequate respiratory protection, or exposure to body fluids, respiratory secretions, urine, or stool without adequate precautions; other exposures may be considered definite exposure based on individual circumstances.

⁷ Daily refers to both normal weekdays, as well as weekends and holidays

⁸ Symptom resolution is defined as resolution of fever, providing that the cough has resolved or is improving

⁹Surveillance may be discontinued after 72 hours if symptoms have resolved. If symptoms progress or fail to resolve, continue infection control measures and active surveillance as if the patient is a suspect SARS until SARS has been ruled out.

¹⁰Continue recommended isolation measures until either it has been conclusively demonstrated that the individual doesn't have SARS, or until measures consistent with those recommended for SARS cases have been completed.